

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kody Plaza

Write the full name of each plaintiff.

No. **20-cv-3395**
(To be filled out by Clerk's Office)

-against-

D.O.C.
Department of Corrections

COMPLAINT
(Prisoner)

Do you want a jury trial?
☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

N/A

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☒ Other:

Care / Custody Control

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

KOKY
First Name

XAYIER
Middle Initial

PLAZA
Last Name

SAME

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

3492000975

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DJN or NYSID) under which you were held)

EMTC / C-76

Current Place of Detention

18-18-Flazen Street East Elmhurst

Institutional Address

18-18 Flazen Street East Elmhurst

11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

Amkic / C-95

Date(s) of occurrence:

March, 30, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

My name is Kory Plaza BCC: 3492000975
 Detainee NYC DOC I am 9 mos whom whom
 may concern cause since I been on Rucker's
 Island I have witness the Corona Virus 19 a
 Disease that have infected the population killed people
 on Rucker's Island inmates and correctional's officers
 alike. Now I am on Rucker's Island for a violation
 of parole which my parole mat out Date is on, and
 ends on March 30, 2020. I have spend a extra
 Date's on Rucker's Island which today date is now
 March 30, 2020 I Don't no how long I'm I going
 to be here. My life is in danger? My Safety is in
 danger cause of the Corona Virus 19 the Disease
 that is killing correctional Officers, and inmates. I ask
 that I be remove from Rucker's Island from any
 Jail may have to Corona Virus 19 no answer so far. I do
 not want to Die or suffer in pain which I am suffering
 right now in pain cause of lost of food headache
 stomach pain no commissary no hygiene products. I
 have suffer alot on Rucker's Island because of this
 Corona Virus and my life as we speak is still in danger.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Stomach pain, difficulty breathing, loss of weight, being unable to walk. Emotional hurt and physical's. Injuries on elbow, foot and knee not being treated anymore.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

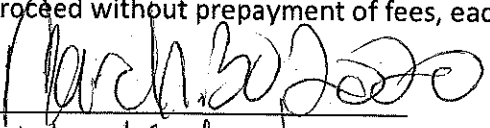

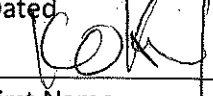
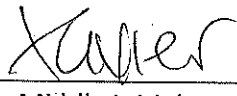



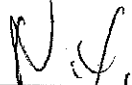
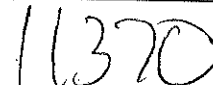
By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

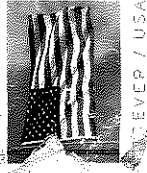
I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

 Dated _____		 Plaintiff's Signature _____
 First Name _____	 Middle Initial _____	 Last Name _____
 Prison Address _____		
 County, City _____	 State _____	 Zip Code _____

Date on which I am delivering this complaint to prison authorities for mailing: _____



United States Courthouse
New York

500 Pearl Street

New York, N.Y. 10007

Ken Zimca

346-2000-975

18-18 Haren Street

Elmhurst, N.Y. 11370

90 York
11/1/17

USMC
SDNY
INDS